

▼ Applicant Demographics

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS

***Current Level**

EMT
 Advanced EMT
 Paramedic

***Please check the following for fee calculation**

Initial Attendant Application
 Renewal Attendant Application

***Paramedic License Type**

Select Paramedic License Type ▼

First Name*Middle Name*****Last Name*****Street 1*****Postal Code (City county and state will populate from zip code entered)*****State**

Select State ▼

County**City*****Is mailing address same as physical address?**

Yes
 No

Birth Date**SSN**

- - Show

***Primary Phone**

- -

Secondary Phone

- - Ext:

***Email**

This is a required field.

Occupation**Occupation Employer*****Driver's License Number*****Driver's License Expiration Date**

mm/dd/yyyy



Today

Driver's License State** Select Driver's License State ▼Military (Are you active military or a military veteran)** Yes No**▼ Statement Of Child Support Compliance****Statement of child support compliance**

Select one of the following categories:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

▼ Historically underserved community attestation

Historically underserved community" means:

(1) A census tract:

- (I) Designated as a qualified census tract by the Secretary of Housing and Urban Development pursuant to 26 U.S.C. § 42(d)(5)(B)(ii); or
- (II) In which, in the immediately preceding census, at least 20 percent of households were not proficient in the English language;

- (2) A public school in this State:
- (I) In which 75 percent or more of the enrolled pupils in the school are eligible for free or reduced-price lunches pursuant to 42 U.S.C. §§ 1751 et seq.; or
- (II) That participates in universal meal service in high poverty areas pursuant to Section 104 of the Healthy, Hunger-Free Kids Act of 2010, Public Law 111-296; or

- (3) Qualified tribal land, as defined in NRS 370.0325. (c) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

***Will you be providing emergency medical care primarily in a historically underserved community? (See the definition of a historically underserved area above)** Yes No

▼ Attendant License Requirements

*Licensed Attendants must complete EVOC or CEVO training per NAC 450B.055 & NAC 450B.090. Upload your EVOC or CEVO certificate here:

Name

Emergency Vehicle Operations Certificate

Description

Document Type

Supporting Documents

*Upload a physician statement signed by your primary physician or a PA, APRN, or RN.

Name

Physician Statement

Document Type

Physician Statement

The Physician Statement document can be found at: <https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/EMS/dta/Licensing/physician%20statement%2010-2024.pdf>
(<https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/EMS/dta/Licensing/physician%20statement%2010-2024.pdf>)

*Upload a copy of your Skills Verification signed by your agency EMS coordinator.

Name

Skills Verification

Document Type

Skills Verification

The Skills Verification document can be found

at: <https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/EMS/dta/Licensing/Nevada%20EMS%20Skills%20Verification%20Form%2010-2024.pdf>
(<https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/EMS/dta/Licensing/Nevada%20EMS%20Skills%20Verification%20Form%2010-2024.pdf>)

*Drivers License

Name

Drivers License

Document Type

Drivers License

*Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?

Yes
 No

*Have you ever been convicted of a felony or misdemeanor other than a traffic violation?

Yes
 No

*Have you ever been licensed as a driver, attendant, attendant-driver or air attendant?

Yes
 No

***Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?**

Yes

No

***Please select your Primary Service affiliation**

Select Please select your Primary Service affiliation 

***Primary Service**

Yes

No

Remove

Add Another

^ License ()

Details

Workflow

Forms

Triggers

Charges

Certification

Monitors

^ Activity ()

History

Ambulance Attendant License Application

Provider category with Active status

No application period set

Ambulance Attendant License Application Preview

Applicant Demographics - 1 of 5 ()

Attendant License Requirements - 2 of 5 ()

Fingerprint Waiver - 3 of 5 ()

State of Nevada Required DPS Background Check - 4 of 5 ()

Signat

▼ Fingerprint Background Waiver

FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by [Nevada EMS Program](#) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.
6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize [Nevada EMS Program](#), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

*Signature

Username: mabologlu

Password:

*Date

mm/dd/yyyy



Today

Background Check Tracking Number:***Fingerprint Request Document Upload****Name****Description****Document Type****▼ Background Check Attestation and Signature**

I attest that all the information I have provided regarding my DPS background check is truthful and accurate. If any information regarding my background check is incorrect, I understand my application may be delayed or denied.

DPS Background Check Attestation Signature*Username:** mabologlu**Password:** ***DPS Background Check Attestation Date**

Today

^ License ()

Details

Workflow

Forms

Triggers

Charges

Certification

Monitors

^ Activity ()

History

Ambulance Attendant License Application

Provider category with Active status

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Ambulance Attendant License Application Preview

Applicant Demographics - 1 of 5 () Attendant License Requirements - 2 of 5 () Fingerprint Waiver - 3 of 5 () State of Nevada Required DPS Background Check - 4 of 5 () Signat

▼ Signature & Submission

Certification Of An Applicant

This application must be signed and dated within the last 6 months

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein may cause forfeiture on my part of all rights to certification and/or licensure by the State of Nevada as an Emergency Medical Technician and/or Licensed Attendant.

I hereby authorize Nevada EMS Program, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

All fee's paid are final and non-refundable.

***Applicant's eSignature**

Username: mabologlu

Password: ***Date of Applicant's Submission (must be today's date)**

mm/dd/yyyy



Today

Select 'No' if you DO NOT wish to subscribe to our ListServ to receive information and updates from the Health Division's Office of Emergency Medical Services. If you do not, we will add you to our ListServe.

 Yes No